Mississippi Division of Medicaid EMERGENCY PROVIDER ENROLLMENT FORM For Out-Of-State Providers

(Providers must be enrolled in their State Medicaid Program to use this Form.)

This short form is for temporary provider enrollment due to Hurricane Katrina. Mississippi Medicaid Provider enrollment will be granted for 120 days (08/29/05 – 12/26/05). If you wish to remain a Mississippi Medicaid provider for longer than this time, you must complete a regular provider enrollment packet which can be found at http://msmedicaid.acs-inc.com				Your State Medicaid Provider #: Provider Type/Specialty:					
			(-					
		Zip Code ct person	Ма	Mailing Address City Contact telephone r			State /fax #	Zip Code	
I, the undersigned, certify to the following: 1. I have read the contents of this enrollment and the information contained herein is true, correct and complete; 2. I understand that it is my responsibility to maintain current information on the Mississippi Medicaid files and failure to do so may result in delayed payments or closure of the Medicaid Provider Number; 3. I understand that the Mississippi Medicaid files will be updated with information supplied on these forms. 4. I understand that reimbursement will be issued by paper checks. 5. I understand that this number is a temporary and emergency number.									
Print Provider's Name ALL PROVIDERS MUST COM	PLETE E	_						RRECTION	
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ACS Healthcare Information Provider/Beneficiary Services 1-800-884-3222 or 601-206-3000 To verify eligibility 1-866-597-2675, ext. 0 601-206-3090

Fax form to 601-206-3015